

Main Menu People Businesses Assets Licenses Directory Assistance Courts My Account Print



Last Name	First Name	Middle Name	SSN				Reference
CRUM	JAMES	W	169-54-8277				RHS/Crum
Street Address	City	State	Zip	County	Radius		
62 RINAMAN ROAD	ELDRED	PA	16731				
Phone	DOB	Age Range					

☐ Search for other possible name spellings ☐ Include Bankruptcies (\$0.25)

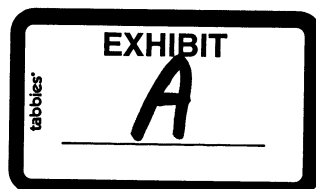
Output Type: ☒ Formatted HTML ☐ Cut and Paste / Printer Friendly Text (No Reports)

Important: The Public Records and commercially available data sources used in this system have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified.

Search completed

Records: 1 to 4 of 4

Click Icons Below To Run a Report		Export to Excel		Icon Legend		Click Icons Below To Run a Report	
All	Full Name	Age/DOB	Address	Dates	Phone Information		
	JAMES W CRUM JR 169-54-8277	41 Mar 01, 1963	RR 2 BOX 196 ELDRED PA 16731-9202	Aug 00 - Oct 04			
	JAMES W CRUM JR 169-54-8277	41 Mar 01, 1963	1 RR 1 BOX TURTLEPOINT PA 16750	Dec 99	642-2568		
	JAMES W CRUM JR 169-54-8277	41 Mar 01, 1963	PO BOX 169 TURTLEPOINT PA 16750-0169	Dec 94 - Jan 99			
	JAMES W CRUM JR 169-54-8277	41 Mar 01, 1963	RR 1 BOX 169 TURTLEPOINT PA 16750-9724	Mar 91 - Jan 99			
		Export to Excel		Records: 1 to 4 of 4			



Postmaster
Eldred, PA 16731
 City, State, ZIP Code

Date: November 9, 2004

**Request For Change of Address or Boxholder
 Information Needed for Service of Legal Process**

Please furnish the new address or the name and street address (if a boxholder) for the following:

Name: James W. Crum, Jr.

Address: 62 Rinaman Road, Eldred, Pennsylvania 16731

NOTE: The name and last known address are required for change of address information. The name, if known, and post office box address are required for boxholder information.

The following information is provided in accordance with 39 CFR 265.6(d)(6)(ii). There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39 CFR 265.6(d)(1) and (2) and corresponding Administrative Support Manual 352.44a and b.

1. Capacity of requester (e.g., process server, attorney, party representing himself): ATTORNEY
2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting *pro se* - except a corporation acting *pro se* must cite statute):
3. The names of all known parties to the litigation: United States of America, James W. Crum, Jr., Joanne M. Crum
4. The court in which the case has been or will be heard: UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA
5. The docket or other identifying number if one has been issued:
6. The capacity in which this individual is to be served (e.g., defendant or witness): DEFENDANT

WARNING

THE SUBMISSION OF FALSE INFORMATION TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OR (2) TO AVOID PAYMENT OF THE FEE FOR CHANGE OF ADDRESS INFORMATION OF NOT MORE THAN 5 YEARS, OR BOTH (Title 18 U.S.C. Section 1001).

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in connection with actual or prospective litigation.

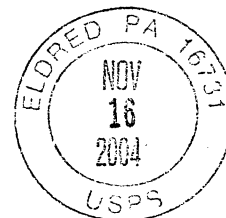
Gary W. Darr/mcj
 Signature

Address
 McGRATH & ASSOCIATES, P.C.
1500 UNION BANK BUILDING, 306 FOURTH AVENUE
PITTSBURGH, PA 15222
 City, State, ZIP Code

GARY W. DARR, ESQUIRE
 Printed Name

FOR POST OFFICE USE ONLY

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | No change of address order on file. | NEW ADDRESS or BOXHOLDER'S POSTMARK
NAME and STREET ADDRESS |
| <input type="checkbox"/> | Not known at address given. | _____ |
| <input type="checkbox"/> | Moved, left no forwarding address. | _____ |
| <input type="checkbox"/> | No such address. | _____ |



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER C.A. No. 04-331-E	
DEFENDANT JAMES W. CRUM, JR., and JOANNE M. CRUM		TYPE OF PROCESS SUMMONS & COMPLAINT	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JAMES W. CRUM, JR.			
SERVE AT ADDRESS (Street or RFD, Apartment No., City State and ZIP Code) 62 Rinaman Road, Erie, Pennsylvania 16731 (please see the attached directions)			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be Served with this Form 285	
Gary W. Darr, Esquire McGrath & Associates, PC 1500 Union Bank Building 306 Fourth Avenue Pittsburgh, PA 15222		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Please personally serve above-named individual. No response by mail. Please serve ASAP.			
Signature of Attorney or other Originator requesting service on behalf of <i>Gary W. Darr</i>		Plaintiff Defendant (412) 281-4333	DATE June 13, 2005
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve
Signature of Authorized USMS Deputy or Clerk			
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only if different than shown above)		Date 6/24/05	Time 1:05 pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>			
Service Fee 270.00	Total Mileage Charges including endeavors 108.00	Forwarding Fee	Total Charges 378.00
		Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:



PRIOR EDITIONS
MAY BE USED

U.S. Marshal/Deputy

CLERK OF COURT
USMS RECORD
NOTICE OF SERVICE

BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

ACKNOWLEDGEMENT OF RECEIPT

RETURN OF SERVICE

Service of the Summons and Complaint was made by me*

DATE

6/24/2005

NAME OF SERVER (PRINT)

TITLE

William V. Benton Jr.

DJSM

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. _____

☐ Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☒ Other (specify): I attempted personal service at his home. He or his wife were (I believe) at home and would not answer. Both were in the drive also. I left all the pertinent documents in the front door. (WVB)

STATEMENT OF SERVICE FEES

TRAVEL 108.00 ← SERVICES

TOTAL

6 hrs @ 270.00 →

378.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

6/24/05
Date

Signature of Server

175 Park Row Suite 310
Erie, Pa. 16501
Address of Server

* As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.